

LISKEARD RURAL DISTRICT
COUNCIL

THE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1953.

P. J. FOX, M.B., B.Ch., B.A.O., D.P.H.

RURAL DISTRICT OF LISKEARD

THE ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

For the Year 1953.

To the Chairman and Members of the Liskeard Rural District Council.

MR. CHAIRMAN, MRS. TREGARTHEN AND GENTLEMEN,

Once again the time has come round to present my Annual Report, and through it to convey a picture, in a very general way, of the health of the community in that part of Cornwall which goes to make up Health Area No. 7 during the year 1953. I am again following the practice of providing a general preface which will be common to all six County District Annual Reports. In it I shall endeavour to set down my impressions as I tend to see them for the greater part of my time—as an Area Medical Officer of Health to some 53,000 people in this part of the County. Where matters peculiar to any one County District arise, comment on them will appear in the body of the Annual Report of that particular district.

My main impression of public health in 1953 is one of little change. There were no marked improvements or advances, but small gains were recorded in some directions. Thus the corrected birth rate for the Area was fractionally above the national figure at 15.6 per 1,000 of population. The corrected death rate of 10.7 per 1,000 of population in the Area compares favourably with the national figure of 11.4 per 1,000. Although only one maternal death occurred it was sufficient to produce a rate of 1.36 per 1,000 total births as against the national rate of 0.76 per 1,000 total births. The stillbirth and infant mortality rates were both lower than the corresponding rates for England and Wales. Something of a set-back was experienced in tuberculosis where the total of cases notified was the highest for at least five years, and was in fact some 30% above the average total for the previous five years 1948-52. I shall deal with this matter in greater detail later in this preface. The estimated mid-1953 population of the Area at 53,276 showed a small decrease as compared with the figures of 53,520 for 1952. Of the individual County Districts which go to make up the Health Area, St. Germans R.D., Liskeard R.D. Saltash M.B. and Torpoint U.D.

showed small reductions in populations whilst Liskeard M.B. and Looe U.D. showed small increases. In no case were the figures sufficiently great to be of any significance or call for any comment. The birth rate was below the national figure of 15.5 per 1,000, in St. Germans R.D., Torpoint U.D., Liskeard M.B., and Looe U.D., and above it in Liskeard R.D. and Saltash M.B. The death rate was below the national rate of 11.4 per 1,000 in all County Districts with the exception of Liskeard M.B. where it was 18.6 per 1,000. Looking no further than this one might conclude that the Borough of Liskeard was not a particularly healthy locality. On closer examination the real reason for this high death rate soon becomes apparent and is seen to be directly due to the presence in the town of a hospital for aged and chronic sick persons, Lamellion Hospital. Prior to 1953 the deaths of patients in Lamellion Hospital were attributed to the district in which they previously resided. Towards the end of 1952 the Registrar-General decided that in future all persons dying in Lamellion Hospital would be regarded as having their place of residence there, and in consequence their deaths would be for statistical purposes attributed to the Borough of Liskeard. Whilst it might be reasonable to so attribute the deaths of those who had spent many months or years prior to death in Lamellion Hospital or in the adjacent Part III accommodation in the Institution, it appears to me to be quite wrong to do so in those cases where the death had occurred within a short time of the person having been admitted from some district outside Liskeard Borough. It appears to me that some definite period of time should be set, inside which the person dying would be regarded as a temporary resident whose death would be transferred to the previous permanent place of residence. Such a dividing line might be set at six months, nine months, or one year, and it would avoid the present anomalous situation whereby the Borough of Liskeard is made statistically responsible for the death of a resident of some adjacent district who has been brought into Lamellion Hospital to breathe his last. If the public are to appreciate and trust the statistics which appear in official reports they must have some assurance that they are based on a sound and reasonable interpretation of facts. As the practice in the matter under discussion does not seem to me to measure up to these criteria, I have taken it up with the General Register Office in the hope that a better and more exact method can be arrived at.

As in previous years heart disease is the most frequent single cause of death in this Area, with cancer again in second place. Of the various well defined heart diseases the most numerous was coronary disease, where the small blood vessels supplying

the heart itself become narrowed or blocked. Recent research into the association between occupation and this disease points to the fact that it appears to occur more commonly in those whose occupation is mainly sedentary. Thus in one interesting series it was found to be more common amongst the drivers of London buses than amongst their colleagues who worked as conductors. Other recent work points to heavy consumption of tobacco as a possible aggravating factor in this disease. The cause or causes of cancer still remain obscure. Whilst cancer of the stomach remains the most frequent type of fatal cancer in this Area there has been a noticeable increase in deaths from cancer of the bronchus and lung from 5 in 1952 to 14 deaths in 1953. As most of you are aware, there is a very strong presumption that heavy consumption of tobacco, particularly in the form of cigarettes, over a long period is a cause of bronchial and lung cancer. This belief has very recently been strengthened by the preliminary results of an enquiry and investigation which has been taking place into the smoking habits of members of the medical profession in this country. Without wishing to appear an alarmist on the subject, I think it is only reasonable to again remind all who use tobacco, and especially those adolescents, and young adults who will use it over a long span of years, that its consumption in large amount may be fraught with the danger of producing cancer of the bronchus or the lung, and to counsel moderation at least if abstinence cannot be achieved. One hopes that all the prominence recently given to this subject will stimulate further enquiry and research into it more especially as the powerful tobacco industry both here and in the United States has contributed a large sum of money to finance research.

It is possible that such research will free tobacco of the suspicion that it can cause fatal disease, or it may suggest methods of removing the offending constituent, without destroying its wide-spread appeal.

Much has been written in recent years about the possibility, and even more the probability that tuberculosis will be eradicated in the foreseeable future. Tuberculosis has been and still is for the majority of its victims a chronic, disabling disease whose course is measured in months and years. Not so very long ago its outcome was frequently fatal, but in the period since the end of the last war notable advances in the treatment of tuberculosis have reduced the mortality. Thus in Cornwall the death rate for tuberculosis in 1952 was about half that of the year 1946, and the same is true if the figures for England and Wales were examined. This appreciable and very welcome reduction in mortality has infused into the outlook on tuber-

culosis a feeling of optimism that the turning in the long and tragic lane of tuberculous disease has been reached, and that the end for which so many generations have striven is in sight. There has been a tendency in some quarters to draw from the improvement in mortality a conclusion that the situation in tuberculosis is showing a general all round improvement. Unfortunately this is not so since the incidence of the disease, as measured by new cases notified shows no reduction. This is true of local figures for this Health Area, and for the larger numbers involved in the County, and the Country as a whole. During the five year period 1948-52 the average number of new cases of tuberculosis notified in No. 7 Health Area each year was 51, and in none of these years did the total differ appreciably from the totals for other years or from the average for the five years. It is therefore true to say that whereas mortality has been falling, the number of people contracting the disease showed no reduction over the period 1948-52. It is therefore not surprising to find that in 1953 there was no reduction in the incidence of tuberculosis in this Area. On the contrary there was a moderate increase, the total of 63 new cases representing a 24% increase over the average for the previous five years, and being 9 above the previous highest total of 54 cases in 1952. It would obviously not be reasonable or wise to take an unduly pessimistic view of these figures which are for one year only. It may well be that in 1954 the situation will improve and figures will return to a more normal level. Nevertheless it appears that there is at present no justification for much of the optimism which the reduced mortality rate has engendered. Tuberculosis is still prevalent to the extent that every year out of every thousand people in this Area one or two contract the disease and are thereby disabled for a long period, and become potential sources of infection to others.

At this point it is appropriate that the possible causes for the increased incidence of tuberculosis be examined, and here we leave the certainty of facts and figures, and enter the realms where conjecture plays a large part in providing the answer to our questions. I think it is reasonable to suppose that no single cause is responsible for the increase, and to state further that the broad general reasons for the increase are two-fold. In the first place there probably has been some real increase in the amount of tuberculous infection in the community, but it is unlikely that this accounts for all the increase in the incidence of the disease. In the second place better and more efficient methods of recognising the disease have been responsible for the bringing to light of cases which were previously overlooked. Some two years ago the Chest Clinic services in East Cornwall

were re-organised and based on Plymouth instead of West Cornwall. When this re-organisation took place Dr. J. C. Mellor was appointed as Chest Physician to a Clinical Area which included East Cornwall. About the same time the Cornwall County Council appointed a full-time Tuberculosis Health Visitor, Miss S. L. Luxton. By their enthusiasm and hard work Dr. Mellor and Miss Luxton have provided an excellent service for handling cases of tuberculosis and their contacts, and considerable assistance and advice has been given to the family doctor in this important matter. I believe that as a result of this, the family doctor has not hesitated to refer doubtful or chronic cases of chest ailments to the Chest Clinic and in that way some new cases of pulmonary tuberculosis have been discovered. Whilst the immediate impact of such discoveries tends to depress our hopes of eliminating this disease, the long-term outlook is improved by the discovery and recognition of such cases. Our main hope of controlling and eliminating tuberculosis lies in the early recognition and control of the affected individual and the careful checking and surveillance of the close contacts at least. Ideally all known regular contacts of any new case of tuberculosis should be examined and checked in an endeavour to find a possible source of infection and to discover any other individuals who had been infected either by our newly discovered case or by the original infecting source. Unfortunately this procedure is so difficult to put into effect as to be almost impossible, and at present our control and surveillance of contacts is confined to close family associates of the case, usually those living in the same house. We do recognise, and this is especially true of tuberculosis in young, and previously active adolescents and adults, that there may be a wide circle of contacts beyond the family which is not checked or investigated. The main reason for not checking contacts in this wider circle is one of manpower, since to carry it out thoroughly and conscientiously would require a large staff of health visitors, and Chest Clinics would necessarily be involved in attending to the large number of contacts. An additional reason is the undesirability of disseminating widely the fact that any individual is suffering from tuberculosis. In the circumstances contact tracing is confined to the relatively restricted circle of relatives with whom the patient has been in close contact, and in which the chances of discovering the source of infection, and/or secondary cases of the disease would seem to be greatest. Nevertheless this does allow some sources of infection and/or secondary cases (themselves further potential sources of infection) to escape recognition and thereby to act as reservoirs, and disseminators of infection. For this reason we must accept the probability that eradication of tuberculosis will be a slow and sometimes a discouraging business. On the other

hand new methods of prevention and treatment of this disease, together with a more enlightened and intelligent outlook on the part of the general public, will as time goes by exert an increasingly favourable influence on the situation.

Whilst on the subject of specific preventive measures against tuberculosis I can report two encouraging developments. Early in 1954 all children in the school-leaving group, i.e., all those who attain the age of 14 years during 1954, will be examined by mass-radiography, and if after this, and one further simple skin test, they are found suitable, they will be offered (subject to parental consent) B.C.G. vaccination against tuberculosis. This group has been selected because it is felt that adolescents when they leave school and commence work are exposed to a greater risk of tuberculous infection, without in many cases the opportunity to develop the adults power of resistance to the disease. Vaccination with B.C.G. enables them to safely and quickly acquire a reasonable degree of resistance to tuberculosis, and thereby reduce the tragic toll which this disease has always exacted amongst adolescents, and young adults. In considering B.C.G. vaccination we ought in fairness to this measure of prevention, try to understand the type of protection it affords, and the limitations which attach to it. Whilst it gives a good measure of protection against the amount of tuberculous infection encountered in normal everyday life, it does not guarantee protection against the less common occasions on which heavy infection is met with. As a corollary to this it can be said that B.C.G. vaccination should not be called upon to protect the individual from the consequences of a careless and irresponsible mode of living, which in adolescents, and young adults is best described as "burning the candle at both ends." Properly regarded as a help in the prevention of tuberculosis, I feel sure that B.C.G. vaccination represents a valuable new weapon in our fight against this disease.

I have written at some length about tuberculosis because in my view it represents one of the very few serious communicable diseases which remain a challenge to public health and modern preventive medicine. In concluding this part of my report I should like to urge the need for taking, and holding a calm and balanced view on tuberculosis—neither being carried away by over optimism, nor allowing gloom and pessimism to darken the picture. I believe that we can and will eradicate this wretched disease from our midst, but I feel sure the process will not be either rapid or easy.

Turning now to communicable diseases other than tuberculosis, the principal impression is that of epidemic measles in

the first half of the year. In all 1,565 cases were notified and this epidemic affected all districts in the Area with the exception of Torpoint Urban District. Pneumonia, whooping cough and scarlet fever were all more prevalent than in 1952. There were three cases of diphtheria, of which two were in adults who had never been immunised. Two cases only of non-paralytic poliomyelitis were notified during 1953. In spite of the large influx of visitors into Cornwall during the summer holiday season three cases only of food poisoning were notified in this Area during the year.

During recent years outbreaks of food poisoning in various parts of the country have brought home to the general public and especially to those who participate in or are associated with communal feeding in canteens and restaurants of one sort or another, the need for high standards of hygiene in the handling of food. This public interest has now progressed to the stage where, after fairly thorough investigations of the position, the Government has announced its intention to introduce new legislation which should ensure higher standards of hygiene in establishments where food is handled and prepared for human consumption. At present legislation in this important sphere is ill-defined and generally unsatisfactory. Under the new legislation the most important provision will be that which will require the registration of all premises dealing with food for human consumption. This will give District Councils the right to satisfy themselves that premises and particularly catering establishments, are of adequate size, and are reasonably equipped to handle food in a hygienic manner. At present it is difficult to insist on such reasonable standards and I have seen small catering establishments in which the amount of space devoted to the storage, preparation and cooking of food, and the cleansing, and storage of cooking utensils, and crockery, made it difficult if not impossible to maintain a reasonable standard of hygiene. Establishments of this type are in the minority, the majority of premises in which food is handled being reasonable in size and equipment. Owing, however, to the great influx of visitors into the County during the summer season, there is a distinct tendency for small, badly equipped establishments of this unsatisfactory type to spring hastily into existence at the beginning of the season with the intention of functioning for the summer season only. In such circumstances the proprietors are understandably not inclined or anxious to spend much on premises, and equipment, although in the course of four or five months a surprisingly large amount of food may be prepared and eaten in these places. Another difficulty which faces the catering industry springs from the seasonal fluctuation in trade. I refer to the necessity for engaging additional staff to meet the heavy summer demand on

catering facilities, and here the difficulty of obtaining good, experienced employees for seasonal work is evident. This is unavoidable, but none the less unfortunate, since the commonest source of food poisoning is the inexperienced or careless food handler. Premises, and equipment may be above reproach, but if the food handlers are inexperienced or careless the danger of an outbreak of food poisoning is always present. Apart from the obvious necessity of sparing the public the distressing and exhausting illness which result from contaminated food, the occurrence of outbreaks of food poisoning in a tourist and holiday area, such as Cornwall is, can have serious financial repercussions on the tourist industry. It is only fair to add that in the last five years the number of cases of food poisoning in this Area has been extremely small, and in no case has any catering establishment been involved—a tribute to the good standards of cleanliness which exist in the catering industry. I trust these standards will be maintained in future years.

The welfare of old persons continued to give some anxiety during 1953. In several cases old men and women were reported as living alone in squalid insanitary circumstances with, in addition, an appreciable risk of fire existed as a result of careless handling of oil lamps, candles and paraffin oil. In almost all cases it was difficult or impossible to get relatives to undertake the care of or responsibility for these old persons. For much the same reason which precluded relatives from helping—the senile, eccentric, and unreasonable attitude of most of these old people—it was not possible to find a home help who would face up to the task of cleaning up the home, and trying to get the old person to co-operate in keeping it reasonably clean. In the majority of cases, where it was felt that the old person could not continue to live at home, it was possible to persuade them to enter an institution or a hospital. In one case, however, an old man of 85 refused to see reason, and because of the filthy and insanitary conditions under which he was living application was made to a Court of Summary Jurisdiction under Section 47 of the National Assistance Act 1948. The Magistrates made an order for his removal and detention in Lamellion Hospital, Liskeard, where he subsequently remained of his own free will, without the necessity for having the order renewed.

I have written before of the importance of good housing in promoting and maintaining health and it is heartening to be able to report good progress on this front during 1953. In the rural districts it would appear that the numbers of new houses becoming available for letting are adequate to satisfy almost all the demands in those districts. In the urban parts of the Area the demand still exceeds the supply, but even here the clamour for rehousing is not so loud or insistent as in previous years. It

is true, of course, that the higher rents and rates attaching to most Council houses deter many families who need rehousing from applying, and in that respect, the most easily available criterion of the need for rehousing—the list of applicants—is not completely reliable. Up to now the necessity for providing new houses to make up for the acute shortage caused by the war has been paramount and in this Area practically nothing has been done to clear districts where most of the dwellings are old and in such a state of dilapidation and disrepair that they cannot be reconditioned. Whilst such slum districts are neither numerous nor large in extent they do exist in the urban parts of this Area, and now that the demand for new houses has eased, consideration will have to be given to clearing these blocks of property and rehousing the inhabitants, and it seems likely that in the near future the Government will press District Councils to produce schemes to deal with slum clearance.

During 1953 no scheme of major importance for water supply or sewage disposal was actually in hand, although much work on planning and preliminary investigation of such schemes was undertaken in Liskeard and St. Germans Rural Districts. In the former district further work on the comprehensive scheme to supply water throughout the Rural District from the river Fowey was more or less at a standstill pending the formation of a Joint Water Board. Although the need for proper systems of water supply, and sewage disposal is generally recognised, the very high cost of such schemes is one of the most difficult obstacles to their immediate and widespread implementation and here as in many other fields, projects have had to be graded in an agreed order of priority.

In this preface I have tried to put forward in as broad a manner as possible those aspects of public health practice and administration which have seemed to me important during the year 1953. The views and opinions expressed are not original, though they are necessarily coloured, or perhaps distorted, by my personal outlook. I have as far as possible tried to avoid dealing in matters of a controversial nature since I am conscious of my inability to take a truly impartial and unbiased view on such matters. I cannot conclude without expressing my thanks to members and officers of the six County District Councils I serve, for the kindness, understanding and co-operation they have extended to me during the past year.

I have the honour to be,

Mr. Chairman, Mrs. Tregarthen and Gentlemen,

Your obedient servant,

P. J. FOX,

Medical Officer of Health.

LISKEARD RURAL DISTRICT

Area of Rural District	...	...	...	104,803 acres
Population (Registrar Generals Estimate)	...	...	...	14,070
Number of Inhabited Houses	...	...	...	5,313
Rateable Value	...	...	...	£67,426
Sum Represented by Penny Rate	...	...	...	£269

Vital Statistics for 1953

	Male	Female	Total
Live Births	103	110	213
	Liskeard R.D.	Health Area No 7	England & Wales
Birth rate per 1,000 of population	17.6	15.6	15.5
	Male	Female	Total
Still Births	1	1	2
	Liskeard R.D.	Health Area No 7	England & Wales
Still Birth rate per 1,000 of population	0.14	0.26	0.35
	Male	Female	Total
Deaths	86	83	169
	Liskeard R.D.	Health Area No 7	England & Wales
Death rate per 1,000 of population	9.3	10.7	11.4

Deaths Attributed to Pregnancy, Childbirth and the Puerperal State

No deaths registered.

Deaths of Infants Under One Year of Age

	Male	Female	Total
All causes	6	1	7
	Liskeard R.D.	Health Area No 7	England & Wales
Infant mortality rate per 1,000 live births	32.9	26.4	26.8

Principal Causes of Death at All Ages

Heart Disease	...	...	72
Cancer (all sites)	...	...	23
Vascular lesions of the nervous system ("stroke")	...	...	19
Respiratory Disease	...	...	11
Accidents	...	...	6
Genito-urinary Disease	...	...	5
Digestive Disease	...	...	4
Circulatory Disease	...	...	3
Tuberculosis	...	...	2
Suicide	...	...	2

Average Age at Death

Males	Females
65	72

There is not very much in the foregoing statistics that calls for comment. The live birth rate and the death rate compare very favourably with rates for the Area and the country as a whole. Infant mortality rate is slightly higher than the national rate. The principal defined causes of death correspond fairly closely to those of the Area and the adjacent County Districts, Heart Disease accounting for almost one half of the total deaths, and cancer for one seventh of the total. This latter disease shows some increase in prevalence as compared with 1952.

Infectious Disease. The total of 628 cases of infectious disease notified during 1953, was the highest so far recorded since I became Medical Officer of Health in 1948. This high total was due in the main to an epidemic of measles in February, March and April, which produced 429 cases, and to increased prevalence of Whooping Cough throughout the year, of which 105 cases were notified. Scarlet Fever, with 27 notified cases, was also more prevalent than in recent years. There was one death from Measles, that of a six-month old child.

The following are details of numbers and case rates of infectious disease notified during 1953 :

		Rate per 1,000 of population			
Disease		Case	Liskeard R.D.	Health Area No 7	England & Wales
Measles	...	486	34.54	29.74	12.36
Whooping Cough	...	105	7.46	3.55	3.58
Scarlet Fever	...	27	1.92	1.20	1.39
Pneumonia	...	7	0.50	1.41	0.84
Encephalitis	...	1	0.07	0.02	Not stated
Rheumatic Chorea		1	0.07	0.02	Not stated

Rate per 1,000 total (live and still) Births				
Puerperal Pyrexia	1	4.65	5.44	18.23

Tuberculosis. In contrast to the tendency for tuberculosis to show greater prevalence in other districts in the Area in 1953, in the Liskeard Rural District the total number of cases notified showed a reduction on the 1952 figure of 19 new cases. Of the 10 new cases notified during 1953, nine were due to respiratory tuberculosis, and one to non-respiratory tuberculosis. There were two deaths from respiratory tuberculosis during the year. At the end of 1953 there were 65 respiratory, and 10 non-respiratory cases of tuberculosis known to be resident in the Rural District.

The following are details of new cases, deaths and case rates, and mortality rates from Tuberculosis during 1953 :

Age Group	New Cases		Deaths	
	M.	F.	M.	F.
0—1	—	—	—	—
1—5	1	—	—	—
5—15	1	—	—	—
15—45	3	1	—	—
45—65	2	—	1	—
65 and over	2	—	1	—

Rate per 1,000 of Population

	Liskeard R.D.	Health Area No. 7	England & Wales
New Cases	0.71	1.18	Not stated
All Cases	5.33	6.29	Not stated
Deaths	0.14	0.15	0.20

During the year seven susceptible contacts of tuberculosis all below the age of 15 years, were given B.C.G. vaccination in an endeavour to increase their resistance to this disease.

National Assistance Act, 1948. In May, 1953, an old man, aged 84 years, was found to be living alone in filthy and insanitary conditions. Because of his obstinate refusal to enter an institution where he could be cared for the Council agreed with my recommendation that an application under Section 47 of this Act be made to the appropriate Court of Summary Jurisdiction for an order authorising the old man's removal to, and detention in Lamellion Hospital, Liskeard. After hearing the application the Court made the necessary order, and the old person was duly removed to Lamellion Hospital. On finding out how well he was cared for the old man expressed his willingness to remain there permanently, and no action to seek a renewal of the order was called for.

Water Supply. No major developments took place in this sphere during 1953. The amount of water which the Borough of Liskeard can allow to be drawn into the trunk main to Polruan remains at 50,000 gallons per day, which necessarily limits the use to which this long and costly length of main can be put in supplying consumers who are anxious to obtain a reliable supply of pure piped water from it. In spite of these restrictions it was found possible to give supplies to the villages of Dobwalls and Lanreath, and to a small number of individual properties along the course of the main. Until new intake works can be completed, and additional treatment facilities provided at St. Cleer, no further work to afford supplies along the course of the trunk main can be undertaken. Elsewhere in the Rural District the arrangements

for water supply are generally unsatisfactory due to dependence on small local supplies of variable quality and uncertain quantity, and for the sake of the many villages, hamlets and farms which depend on these unsatisfactory sources of supply it is hoped that the new Water Board will be given every help, and encouragement to proceed with the work of bringing supplies of pure, piped water to the whole of the Rural District.

Sewerage and Sewage Disposal. The most important advance in this matter was the virtual completion of the St. Cleer-Tremar Coombe sewage disposal scheme which was taken into use early in the year. Apart from some unavoidable difficulties in obtaining a satisfactory effluent in the early stages, the system has functioned well, and represents a great advance on the previous unsatisfactory methods in use. The scheme at Seaton which came into operation in 1952 continued to give satisfactory service. Schemes for sewerage and sewage disposal at Menheniot, Dobwalls, Duloe, Tredinnick and Lanreath have been submitted to the appropriate Ministry, but up to the end of the year permission to go ahead with the schemes had not been received. Completion of these schemes would see the abatement of some considerable nuisances from sewage, and it is hoped that no obstacles will be placed in the way of their being undertaken without delay. There are other localities in the Rural District where sewage nuisance exists, though on a smaller scale, but obviously these cannot be tackled until the projects at present under consideration are approved and the work is in hand.

Food. The report of the Sanitary Inspector contains much detailed information on measures taken to ensure cleanliness in the handling and serving of food, and in the disposal of unsound food. In a large and scattered area such as the Liskeard Rural District is, it is not easy to give all the attention and supervision desirable without employing additional staff. Although no illness attributable to eating contaminated or unsound food was reported, there is obviously a considerable risk of this happening when large numbers of summer visitors crowd into small seaside resorts, and their catering establishments during July and August. Such an influx obviously taxes to the utmost the limited space and resources of many of the small establishments and calls for the utmost care and attention to hygiene of food handling on the part of the proprietors and employees.

Factories' Act, 1937. No difficulties in the administration of this Act were experienced during 1953.

Housing. Of the six County Districts in No. 7 Health Area, the Liskeard Rural District appears to have been the most successful in satisfying the local demand for housing, and in most

parts of the District applicants have been and are being rehoused without undue delay. In 1953 no less than 54 new houses were completed and in addition 13 built by private enterprise were completed.

Report of the Sanitary Inspector. The Report of the Chief Sanitary Inspector, Mr. G. Rogers, M.R.S.I., M.S.I.A., follows. I should like to express to Mr. Rogers and his assistant, Mr. G. Cowling, my sincere thanks for all the assistance they have given during the past year.

REPORT OF THE CHIEF SANITARY INSPECTOR

Water Supply. It was reported a year ago that in September, 1952, the new trunk water main from St. Cleer to Polruan was completed. The real value of this was appreciated during the summer of 1953 when a full supply was provided for all purposes. This period was not without its technical problems, including burst pipes and water meters not recording the accurate flow of water. These "teething" troubles were to be expected, but were such that they necessitated tedious hours of travelling over the line of the main to locate and deal with them. Regular attention was given to the mains and once every quarter all sluice valves were turned, wash-out valves and hydrants operated.

On September 10th, 1953, the contracts for laying Service mains in the Villages of Dobwalls and Lanreath were commenced. The work continued without interruption and both schemes were completed by December 8th. Whilst the laying of the mains was in hand, many tappings were made for the supply of water to private houses and by the end of the year, at least 50 per cent. of the houses were receiving mains water.

During the year, 1,015 yards of 3in. cast iron water main and 142 yards of 1½in. cement asbestos pipes were laid from Pounds Cross, Polperro, to Brent Field and the Coastguard Cottages. The work was commenced in February and completed in May. It provided a good supply of water to a milk producing farm, to the Coastguard Cottages where pressure had been poor, and to a private building estate of some twenty-five sites.

During the month of January the reservoir at Trevenna which serves the Village of St. Neot was emptied for examination and the village supplied through a by-pass. The floor and some parts of the walls were found to be in a porous condition which rather indicated that mineral in the aggregate had destroyed its strength. It was because of this that the reservoir was never full during the summer of 1952. The floor of the reservoir was renewed, the sides strengthened and the whole of the inside walls rendered

with waterproof cement. The work was most effective and resulted in the reservoir overflowing within a few days.

At Widegates there has been for some years a tapping in the South-East Cornwall Water Board main to supply six Council Houses. By an arrangement with the Board an extension was made from the connection to a convenient point in the village and a stand-pipe provided for the use of householders.

As the South-East Cornwall Water Board mains pass through some parts of this Rural District, an approach was made to the Board for a supply of water to the villages of Maders, Hessenford, Widegates, Widlake, No-Man's-Land, Great Tree and Rilla Mill.

In November an agreement was reached for a supply of 33,000 gallons per day which would be sufficient to satisfy the needs of the seven villages, and steps were then taken to acquire plots of land on which to erect two days storage reservoirs. As soon as this had been arranged, the Minister's consent to proceed with the schemes will be sought.

A scheme for the supply of water for the villages of Warleggan and Mount has been prepared and includes the provision of a Hydrostat capable of raising water from a group of springs, to a covered reservoir of 7,000 gallon capacity, using power water from a nearby river. It is hoped that sanction to proceed will be forthcoming to enable the work to be carried out during 1954.

1. (a) **Quality.** Fifteen samples of water were taken at various times throughout the year involving public and private supplies. The results are tabulated below :

Common Moor, St. Cleer.	Private Springs. Bacteriological examination : Reasonably satisfactory. 17-6-53.
Menheniot, "Tor Cot."	Private well. Bacteriological examination : Contaminated, not safe for drinking purposes. 17-6-53.
Menheniot, "Tor Cot."	Same water as previous sample, but filtered. Supply satisfactory. 17-6-53.
Polperro. Killigarth.	Private well. Bacteriological examination : Heavily contaminated, not safe for drinking purposes. 30-6-53.
Trewidland Housing Site.	Bore Hole. Chemical analysis. Satisfactory. 4-7-53.
Trewidland Housing Site.	Bore Hole. Bacteriological examination : Not entirely satisfactory due probably to the newness of the bore. 4-7-53.

Trewidland Housing Site.	Bore Hole. Bacteriological examination : Heavy faecal contamination. 24-7-53.
Seaton.	Public Supply. Bacteriological examination : A good supply for an untreated natural water. 10-8-53.
Lanreath. West Park Farm.	Private source. Bacteriological examination : Slight contamination. 13-8-53.
St. Ive. Sterts Cottage.	Private pump. Bacteriological examination : Contaminated, not safe for drinking purposes. 26-8-53.
Trewidland Housing Site.	Bore Hole. Bacteriological examination : Satisfactory. 26-8-53.
St. Keyne. Benoak Lane.	Private source. Bacteriological examination : Satisfactory for a shallow well. 5-10-53.
Trewidland Housing Site.	Bore Hole. Chemical analysis : Iron and Zinc present due to electrolytic action. 21-10-53.
Boconnoc. Horsepool Lodge.	Private well. Bacteriological examination : Heavily contaminated. Quite unsafe for drinking purposes without treatment. 24-11-53.
St. Cleer.	Public Supply. Bacteriological examination : Slight pollution. 21-11-53.

(b). **Quantity.** In general there were no acute water shortages in the Rural District during 1953 and only at three villages was any inconvenience felt. At Merrymeet it was necessary to haul water for a short period when the village well failed and at a Council Housing Site, Trewidland, water was taken to the site on several occasions.

In the Polkeeves—Menadue Area, houses are served from a water tower, supplied by an electric pump at the Polperro reservoir, Trenderway, and during September the tower was reported to be empty. An immediate investigation was carried out and it was found that the level of water in the Trenderway reservoir had dropped below the end of the suction pipe of the electric pump. The pipe line was then examined and a burst air valve discovered which allowed water to waste so rapidly that the reservoir was almost emptied. A repair was carried out at once and it was soon possible to commence pumping into the high level tower. There was little or no delay in completing the work but some residents were put to a certain amount of inconvenience.

(c). **Bacteriological Examination.** These have been made from time to time and the results are shown under section 1 (a) of this report.

The supply to Dobwalls, Lanreath, Polruan and farms on the route of the trunk main is of course filtered, chlorinated and treated with lime at the St. Cleer reservoir.

In the case of Dobwalls, the use of a pure supply is a great improvement as a large quantity of water consumed previously was unfit for drinking without first being boiled.

(d). **Plumbo-Solvency.** Many waters in the northern part of the District have an acid reaction and will dissolve lead, iron and other metals. The use of lead service pipes is not recommended in such cases. At Tremar Coombe in the Parish of St. Cleer the acidity of the soil surrounding the pipe line is very marked. Cement asbestos pipes were used in this scheme and seem unaffected, but the steel jointing bolts are being eroded at quite a rapid rate and have resulted in several bad leaks in the system.

(e). **Contamination of Supplies.** Whilst every precaution is taken to protect all public water supplies from contamination, it is virtually impossible for this to be effective in the case of shallow wells or surface springs. When sources show signs of pollution, notices are displayed advising consumers to boil the water before using it for drinking. As mentioned in section (c) only filtered or chlorinated water is now supplied to Dobwalls, Lanreath and Polruan, the original supplies of which have been under suspicion at various times.

(f). **Parishes with one or more Villages having a piped water supply :**

Parish	Population of Parish	Population supplied to houses	Population supplied from standpipes
Broad oak ...	209	40	Nil
St. Cleer ...	1485	805	37
Duloe ...	503	225	Nil
St. Ive ...	1184	50	Nil
Lanreath ...	375	100	Nil
Lansallos ...	1424	1237	Nil
Lanteglos ...	1320	1100	50
Linkinhorne ...	1139	120	120
Liskeard ...	922	300	50
St. Martin ...	283	140	Nil
Menheniot ...	1089	244	20
Morval ...	530	34	32
St. Neot ...	918	140	100
Pelynt ...	452	50	Nil
St. Veep ...	362	25	Nil

SEWERAGE

Seaton. Many more private house drains were connected to the public sewers during 1953, and gradually the septic tank system of drainage treatment in this area is being abandoned. The sea-outfall gave no trouble throughout the year and the sewers continued to function satisfactorily.

St. Cleer. This sewerage system and sewage treatment works were in use early in the year although the roof over the sludge lagoons was not completed. Almost the whole of the premises in St. Cleer Village had previously been connected to the old sewers and these were, without delay transferred to the new system. Throughout the year more and more private houses were connected, gradually eliminating the sources of many local nuisances. These connections were at Tremar, Tremar Coombe, Railway Terrace, Higher Tremar and St. Cleer Village. For a time the effluent from the treatment works was not satisfactory and did not comply with the accepted standard of not more than 30 parts per million of suspended matter, and with the suspended matter included must not take up at 65° F., more than 20 parts per million of dissolved oxygen in five days. This was probably due to the fact that sufficient time had not elapsed to build up a bacterial film on the contact beds. Some evidence of this was given when three further samples were taken, giving these results :

B.O.D.	17.	p.p.m.	Suspended Matter	71.0	p.p.m.
B.O.D.	17.	p.p.m.	Suspended Matter	1.0	p.p.m.
B.O.D.	11.5	p.p.m.	Suspended Matter	1.8	p.p.m.

In spite of the fact that the sludge drying beds were not covered when first used, it was found possible to dry out the sludge sufficiently to remove and cart it away at regular intervals.

Although some progress was made in the preparation of sewerage schemes for the Villages of Dobwalls, Duloe, Lanreath, Tredinnick and Menheniot, up to December, 1953, they had not received the Minister's consent to invite tenders for the work. Owners or their agents, and Council officials met at the various sites and at long last agreements were reached. It is anticipated that orders to commence operations will be made in 1954.

At Bodinnick the main sewer which had very little cover was damaged by heavy traffic. Sections were renewed in heavy cast iron pipes, protected by concrete.

At Polperro the general sewerage system continued to function satisfactorily and the new extension to Brent Field was soon put into service by the erection of new houses on the estate. The sea-outfall works were repaired during suitable low tides.

At Polruan the cast iron sewer, on the beach gave trouble at times and repairs were carried out as necessary. Owing to the

age and condition of the pipes further attention will be required at frequent intervals.

The sewer at Minions was extended a distance of 222 feet and, although this did nothing to deal with the effluent, it did discharge it at a much greater distance from any dwelling-house. This village is on the list for the provision of sewage treatment works in due course.

Part of the Village of East Taphouse is sewered and the discharge is into covered cesspits. In order to obviate a nuisance the pits were cleansed and percolation trenches were dug having land drain pipes laid in them to dispose of the effluent below the field surface.

Public Conveniences. An effort was made to secure a site for a public convenience at Seaton in the Parish of St. Martin and, although one was selected and approved, it was not found possible to proceed with the preparations of plans before the end of the year.

Other conveniences at Polperro, Polruan and Lerryn, have been well maintained.

Meat and Other Foods. Little or no slaughtering of animals for food has been carried out in the Rural District during the year and the few cases which were slaughtered were emergencies.

The Rural District Council, drawing most of its meat from the Government Controlled Abattoir in the Borough of Liskeard, has continued its policy of contributing towards the salary of a Meat Inspector who has examined the whole of the carcase meat which passed through that channel.

A great number of food shops have been inspected in all parts of the Rural District. 64 tins of various sizes and weights of meats, fruits and vegetables were surrendered and destroyed on account of the containers being blown, leaky or damaged. 35 tins were imported and the remainder home produced. In general food shops have been kept in a clean and wholesome condition, although in certain cases it has been necessary to insist on certain repairs being carried out, particularly with the view of discouraging rodent infestations. Where applicable, shop-keepers are advised to keep foodstuffs in racks or on shelves well above the floor level in order to prevent any possible soiling or contamination.

Cafés, hotels and restaurants have been visited, particularly during the summer season and were found to be generally maintained in a clean and hygienic condition. During the rush hours of the busy part of the season the difficulty of ensuring strict cleanliness, is increased. Occupiers, however, have been urged to see that on premises where food is handled, personal cleanliness and care of premises and utensils is paramount.

Ice-Cream—Retail Sale. On the register kept for the purpose there were 55 premises registered for the sale of ice-cream. Two of these were registered for its manufacture in addition.

All premises, without exception, were kept clean and no fault could be found with the condition of utensils used.

Twenty-four samples of the product were taken and examined for condition of cleanliness with the following results :

Grade (i)	...	...	...	...	22
Grade (ii)	...	...	...	...	2
Grade (iii)	...	...	...	...	Nil
Grade (iv)	...	...	...	...	Nil

These are very good results indeed and reflect credit on the manufacturers as well as the retailers.

Food Poisoning. There were no cases of food poisoning reported in the District during 1953.

Clean Food Campaigns. The following information may not be strictly accurate but it is considered to be sufficiently correct to show the present position.

(i) **Food Trades—**

Number of Catering establishments	...	...	41
Number of Licensed Hotels	...	...	20
Number of Licensed Clubs	...	...	1
Number of General Grocers' shops	...	...	81
Number of Butchers' shops	...	...	14

(ii) Food premises registered under Section 14 of the Food and Drugs Act.

Sale or manufacture of Ice-Cream	...	...	55
Other food preparation	...	...	Nil
Dairies registered under the Milk and Dairies Regulations, 1949	...	...	6

(iii) Number of inspections of registered food premises 120
(See remarks under Ice-Cream—Retail Sale).

(iv) Any new educational activity in connection with clean food—None.

(v) **Method of Disposal of Condemned Food.**

All tins are first punctured and all condemned food treated with neat disinfectant and buried in refuse dump.

(vi) No comment.

No particular publicity campaign was carried out during the year, but at every visit to a catering establishment the question of strict personal cleanliness and a high degree of hygiene in the kitchens was emphasised.

Housing. 1953 was one of the most successful years of house building since the commencement of this branch of the Council duties. In January 35 were under construction, whilst 54 were completed during the year.

These were erected as follows :

St. Neot	...	...	...	...	...	3
Polruan	...	...	...	...	...	14
Polperro	...	...	...	...	...	3
Pelynt	...	...	...	...	...	8
Dobwalls	...	...	...	...	...	12
Pensilva	...	...	...	...	...	8
St. Ive	...	...	...	...	...	6

By building in larger groups, more satisfactory layouts have been made possible with estate roads, footpaths, drains, drainage disposal works and water mains, with easier means of refuse collection. This, of course, has made for a greater degree of comfort for the tenants, but it has added considerably to the cost. It is obvious that if houses are to be occupied to any appreciable extent by agricultural labourers, rents must be kept as low as possible and this can only be achieved by avoiding costly site works and by building a somewhat cheaper type of house.

Future efforts must be made to build houses where all services are already provided and where existing roads can, as far as possible, be made to serve them.

Of private house construction 13 were completed, exactly the same number as in 1952. Although restrictions on the building of private houses has gradually eased, there has been no marked indication of increased private enterprise activity in this district.

Under the Housing Act of 1949 grants were offered to the owners of older houses for reconstruction and improvement. Grants were made available of half the cost of these schemes up to a maximum of £400.

During the year grants totalling £1,475 were promised, involving six houses, but only one was completed, with a grant of £300.

The existing Council Houses were kept in a reasonable state of repair throughout the year and in some instances improvements were made which were not previously enjoyed.

Thirty-seven houses were wired for electricity and ten had hot water systems installed and due to the provision of main water, piped supplies were made available to the houses at Lanreuth, Dobwalls and Trecangate.

A new drainage treatment works was installed at Keason to deal with the effluent from six houses, and at Pelynt a new

hydraulic ram and rising main were provided which gave a much improved supply to 16 houses.

The inspection of private houses continued slowly during 1953 when attention was given largely to those cases regarding which complaints had been received. The Council realising the need for this inspection to be speeded up, particularly in view of impending legislation has indicated its intention of employing an additional Sanitary Inspector. At the date of writing this report Mr. G. M. Lawry, of St. Austell, who was previously employed by the Camborne-Redruth Urban District Council, has been appointed.

Refuse Collection. The Liskeard Rural District is one which provides difficulties in the matter of refuse collection. The first is the very scattered nature of its population over a large area which involves considerable travelling and, secondly, two villages, Polperro and Polruan have such narrow streets that a normal vehicle cannot be used.

Apart from Polperro and Polruan, two vehicles, one of ten cubic yards and one of seven cubic yards are used. The Council also has a utility vehicle for relief work.

Three men are employed on the larger and two on the smaller. These maintain a weekly collection at all villages and hamlets of any size, and even groups comprising three or four houses receive at least a fortnightly visit. In addition some remote farms not on any regular route, receive a monthly collection.

The problems at Polperro and Polruan have been largely solved by using a two cubic yard vehicle, but in some of the narrower streets a hand trolley has to be used in conjunction with the van. However, in these two villages, which become very densely populated in the summer, collections are made twice a week, and cafés at Polperro receive a third.

The men employed on all the collection routes, and who are making direct contact with the public, need quite a lot of tact to ensure the satisfactory running of this scheme. In this respect, the Council is very fortunate in the selection of its employees.

Storage of Petroleum Spirit. All premises storing petroleum spirit in the Rural District were inspected periodically during the year and a total of 47 were licensed. In no cases were there serious defects discovered and all minor ones received attention before the licences were issued.

Moveable Dwellings. Each year sees a greater influx of visitors into Cornwall and they include a large number of campers, some experienced and some just "tenderfeet." Many campers move from place to place whilst others prefer to stay on one site. Some bring tents and caravans of their own and others hire

caravans by the week or month. All these are well catered for in this district where there are 17 licensed camping sites capable of accommodating over 500 moveable dwellings. Some sites are small, offering facilities for a few campers, whilst others are on a much larger scale. The largest of these is almost a self-contained township in itself, having at times a population of 1,500. This is probably the largest in the County and is very well managed. All the sites are visited periodically and owners generally co-operate with the Council in maintaining a clean and hygienic standard with good services, which enable a large number of people to enjoy a carefree holiday in one of the most attractive parts of the County.

Rodent Control. This section of the Council's work is of much more importance than appears at first sight. The amount of damage to foodstuffs and to buildings is enormous and for this reason alone the money spent on the eradication of rats and mice is saved time and time again.

Rats multiply rapidly if there is sufficient food and adequate accommodation. This is generally available at refuse dumps and, for this reason, regular treatment of all such dumps has been made throughout the year, with the result that no site has been more than lightly infected and not one complaint was received from owners of land adjoining. All sewers and sewage treatment works were also effectively dealt with by the Rodent Operator as well as a number of business premises for which a charge was made in each case. Private houses were given free treatment. Surveys were made throughout the year of private and business premises as well as farms. Wherever an infestation is discovered the occupier of the premises is persuaded to have a treatment carried out, by the Cornwall Agricultural Executive Committee in the case of farms, and by the Council's Operator elsewhere. Treatment was also given at schools, canteens, river banks and the Polperro harbour. The results were satisfactory.

Factories Act, 1937 and 1948. In a Rural District of this kind there are no large factories or similar activities. At the same time there were on the register 110 factories of which 50 were power operated—36 non-power operated and 24 others. The latter were building sites and civil engineering works.

Inspections have been made of most of these buildings and sites and only informal action has been necessary to deal with the minor defects which came to light.

G. ROGERS,

Chief Sanitary Inspector.

APPENDIX 1**Principal Causes of Death—All Ages—1953.**

Disease	St. Germans R.D.	Liskeard R.D.	Saltash M.B.	Torpoint U.D.	Liskeard M.B.	Looe U.D.	Health Area No. 7
Heart Disease ...	65	72	33	12	67	17	266
Cancer (all sites)	37	23	11	10	10	14	105
Vascular lesions of the nervous system ("stroke") ...	10	19	19	6	15	3	72
Respiratory disease	19	11	5	4	4	3	46
Circulatory disease	9	3	5	3	3	2	25
Genito-urinary disease ...	3	5	5	—	2	1	16
Accidents ...	2	6	4	—	2	1	15
Digestive disease	4	4	3	2	—	—	13
Diabetes ...	4	1	3	—	1	—	9
Tuberculosis ...	2	2	3	—	1	—	8
Suicide ...	3	2	—	—	2	—	7

APPENDIX 2**Types of Heart Disease and Cancer causing Death—1953**

Type of Disease	St. Germans R.D.	Liskeard R.D.	Saltash M.B.	Torpoint U.D.	Liskeard M.B.	Looe U.D.	Health Area No. 7
Coronary disease angina ...	28	23	10	3	7	4	75
Hypertension with heart disease ...	5	5	4	—	4	3	21
Other heart disease	32	44	19	9	56	10	170
Cancer of stomach	9	4	1	1	3	3	21
Cancer of bronchus and lung ...	9	3	—	1	—	1	14
Cancer of breast ...	2	—	—	—	1	2	5
Cancer of womb ...	2	1	2	—	—	1	6
Other cancers ...	15	15	8	8	6	7	59

APPENDIX 3**Deaths by Age Groups—1953**

District	0—5 years	5—15 years	15—45 years	45—65 years	65—75 years	75 and upwards	All Ages
St. Germans R.D.	8	2	5	43	53	74	185
Liskeard R.D. ...	8	—	6	35	42	78	169
Saltash M.B. ...	6	—	7	23	26	46	108
Torpoint U.D. ...	2	—	3	11	13	13	42
Liskeard M.B. ...	—	—	2	18	26	72	118
Looe U.D. ...	1	—	4	4	14	21	44
Health Area No. 7	25	2	27	134	174	304	666

APPENDIX 4

Average Age at Death—1953

<i>District</i>			<i>Males</i>	<i>Females</i>
St. Germans R.D.	...	...	69	66
Liskeard R.D.	...	...	65	72
Saltash M.B.	...	...	65	65
Torpoint U.D.	...	...	66	61
Liskeard M.B.	...	...	74	78
Looe U.D.	...	...	68	70
Health Area No. 7	...	...	68	69

APPENDIX 5

TUBERCULOSIS

Incidence of, and Mortality from Tuberculosis,
in Health Area No. 7—1953

<i>Age Group</i>	<i>New Cases</i>		<i>Deaths</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0—1	—	—	—	—
1—5	3	1	1	—
5—15	5	7	—	—
15—45	15	15	1	1
45—65	9	3	2	1
65 years and upwards	5	—	2	—
Totals	37	26	6	2

	<i>Males</i>	<i>Females</i>
Case rate per 1,000 of population (new cases)	0.69	0.49
Mortality rate per 1,000 of population	0.11	0.04

Case Rates and Mortality Rates per 1,000 of Population by
County Districts in Health Area No. 7—1953.

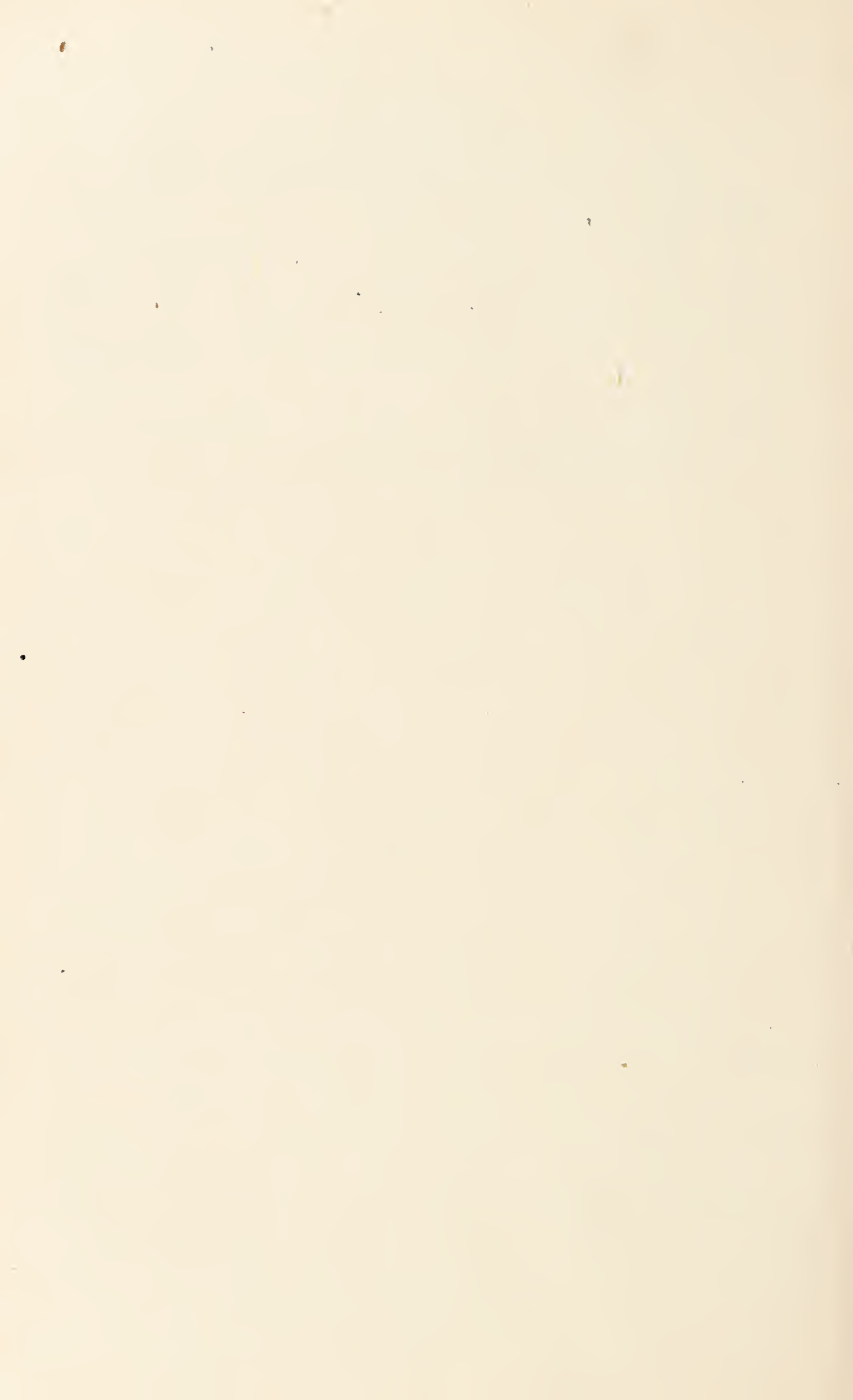
<i>District</i>	<i>New Cases</i>	<i>Total Cases as at 31-12-53</i>	<i>Deaths</i>
St. Germans R.D.	1.44	6.31	0.12
Liskeard R.D.	0.71	5.33	0.14
Saltash M.B.	1.38	6.54	0.25
Torpoint U.D.	1.34	6.26	—
Liskeard M.B.	1.16	9.26	0.23
Looe U.D.	1.11	5.85	—
Health Area No. 7	1.18	6.29	0.15

APPENDIX 6

B.C.G. Vaccinations against Tuberculosis—1953

District			Under 1 Year	1—5 Years	5—10 Years	10—15 Years	15 Years and over
St. Germans R.D.	...		8	9	7	6	1
Liskeard R.D.	...	...	2	2	2	1	—
Saltash M.B.	...	...	4	2	1	1	2
Torpoint U.D.	...	...	3	10	10	3	—
Liskeard M.B.	...	...	2	3	1	1	*11
Looe U.D.	...	...	1	3	3	1	1
Health Area No. 7			20	29	24	13	15

* Student Nurses at Wadham House Training Establishment.



SNELL & COWLING LTD.
PRINTERS :: LISKEARD